Youth Council Application



It is the citizen's responsibility to keep the information on this form current. Please call or email the City Clerk's Office to advise of any changes. Applications will remain in our active files for two years.

Please Return to:

City Clerk's Office, City of Lakeland 228 S. Massachusetts Ave., Lakeland, FL 33801 CityClerk@LakelandGov.net Phone: 863.834.6210 Fax: 834.8204

DATE / /	NAME	
PHONE	EMAIL	
OCCUPATION	SCHOOL	_ GRADE
HOME ADDRESS	CITY / STATE / ZIP	
MAILING ADDRESS	CITY / STATE / ZIP	

The City of Lakeland strives to ensure that all City Boards & Committees are representative of the community's demographic makeup and that all citizens are represented. To assist in this endeavor, please check the appropriate box.

RACE		GENDER	
O AMERICAN INDIAN	O ASIAN OR PACIFIC ISLANDER	◯ MALE	O PHYSICALLY DISABLED (for reporting purposes only)
	HISPANIC	O FEMALE	
	OTHER	O PREFER NOT purposes	<i>p</i> a <i>p</i> c c c c s y

The Youth Council will meet the 2nd Thursday of each month from 4-5:30 P.M. at Lakeland City Hall. All participants are expected to attend every meeting.

ARE YOU ABLE TO ATTEND THE MANDATORY RETREAT AND COMMISSION MEETING?				
STAFF USE ONLY		All participants are expected to attend every m		
INSIDE CITY LIMITS () (1)		INSIDE LE SERVICE TERRITORY		
CONFIRMED RECEIPT		ENTERED		

PLEASE TELL US ABOUT YOURSELF

(ie., education, profession, personal and/or professional accomplishments, honors/awards, professional designations, hobbies, etc.) or attach a current resume.



REFERENCES

NAME	PHONE
POSITION/TITLE	EMAIL
NAME	PHONE
POSITION/TITLE	EMAIL

Please feel free to provide additional information or letters of endorsement.

If you have not received confirmation your application was received by the City Clerk's Office, please call 863.834.6210.

Thank You for your interest in serving our City Government!